

No. 817ORL01

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CONDITIONS:

1. Mt. Edgecumbe Hospital shall limit the total diesel fuel consumption to no more than 420,300 gallons per calendar year, combined for three 200 kW emergency generators and two 350 hp boilers.
2. Mt. Edgecumbe Hospital shall monitor and record operating hours for each of the emergency generators on, at least, a monthly basis. The hours of operation shall be used to calculate fuel consumption based on fuel consumption per hour data provided by the generator manufacturer. Hour meters shall be installed, operated and maintained in good working order on each of the generators.
3. Mt. Edgecumbe Hospital shall monitor and record fuel consumption for the two boilers by measuring fuel storage inventories. These measurements will be performed and fuel consumption recorded on, at least, a monthly basis.
4. Mt. Edgecumbe Hospital shall retain records of all required monitoring data and support information for a period of at least five (5) years from the date of collection. Support information includes operating hour logs, fuel storage inventory measurements, fuel usage entries in operating logs and fuel delivery invoices.
5. Mt. Edgecumbe Hospital shall submit two copies of an annual compliance report to the Alaska Department of Environmental Conservation, Air Permits Program, 610 University Ave, Fairbanks, AK, 99707-3643, ATTN: Compliance Technician. The report is due by **March 31** for information from the period January 1 through December 31. The reports shall contain:
 - (A) The name of the owner/operator, the facility name, ORL number, and the period of the report;
 - (B) A summary of the fuel usage for the three 200kW emergency generators and the two 350 Hp boilers with example calculations.
 - (C) The reports **must clearly identify any deviation** from the limit requirements; and
 - (D) A certification of report information, signed by the Responsible Official defined in 18 AAC 50.990(77), using the format of 18 AAC 50.205.
6. The Mt. Edgecumbe Hospital shall report any excess emissions under this owner requested limit no later than seven days after discovering the exceedence. To report the excess emissions, for each event, the owner /operator must fax a completed and signed Excess Emission Notification Form (attached) to the Department at (907) 269-7508.

Statement of Avoided Requirement:

The potential to emit for the sources listed in Table 1 are reduced to less than 100 tons per year for any regulated air contaminant, 10 tons per years of a hazardous air contaminate, and 25 tons per year in aggregate for hazardous air contaminants by limiting the combined total annual fuel consumption. In accordance with 18 AAC 50.210, the capacity of the facility to emit an air contaminant is verifiable through the monitoring, record keeping, and reporting contained in this approval. By limiting the potential to emit of the sources listed in Table 1, the owner/operator is avoiding the requirement to obtain an operating permit by avoiding classification of the Mt. Edgecumbe Hospital under AS 46.14.130(b), and 18 AAC 50.325(b)(1).

Table 1 – Source Inventory Subject to Limits

ID	Source Name	Source Description	Rating/size (not enforceable)
1	G1 Emergency Generator	Diesel-fired IC Engine	200 kW
2	G2 Emergency Generator	Diesel-fired IC Engine	200 kW
3	G3 Emergency Generator	Diesel-fired IC Engine	200 kW
4	B1 Boiler	Diesel-fired boiler	350 hp
5	B2 Boiler	Diesel-fired boiler	350 hp

Excess Emission Notification Form

Please copy (retain blank copy for your records) and complete this form, fax to: State of Alaska, Department of Environmental Conservation, Division of Air and Water Quality, Air Permits Program, 555 Cordova, Anchorage, AK 99501, Fax: (907) 269-7508, Phone: (907) 269-7577.

Company Name: SEARHC ORL No.: 817ORL01 **Facility Name:** Mt. Edgecumbe Hospital

Reason for notification:

☐ **Excess Emission** ☐ **Permit Condition Exceedence**

Event Information (Use 24-hour clock):

	START Time:	END Time:	Duration (hr:min):
Date: _____	_____:	_____:	_____:
Date: _____	_____:	_____:	_____:
		Total:	_____:

(A) Cause of Event (Check all that apply):

☐ **START UP** ☐ **UPSET CONDITION** ☐ **CONTROL EQUIPMENT**
☐ **SHUT DOWN** ☐ **SCHEDULED MAINTENANCE** ☐ **OTHER** _____

Attach a detailed description of what happened, including the parameters or operating conditions exceeded.

(B) Sources Involved:

Identify each Emission Source involved in the event, using the same identification number and name as in the Permit. List any Control Device or Monitoring System affected by the event. Attach additional sheets as necessary.

Source ID No.	Source Name	Description	Control Device
_____	_____	_____	_____
_____	_____	_____	_____

(C) Emission Limit and/or Permit Condition Exceeded:

Identify each Emission Standard and Permit Condition exceeded during the event. Attach a list of ALL known or suspected injuries or health impacts. Attach additional sheets as necessary.

Permit Condition	Limit	Exceedence
_____	_____	_____
_____	_____	_____

(D) Emission Reduction:

Attach a detailed description of ALL of the measures taken to minimize and/or control emissions during the event.

(E) Corrective Actions:

Attach a detailed description of ALL corrective actions taken to restore the system to normal operation.

Based on information and belief formed after reasonable inquiry, I certify that the statements and information in and attached to this document are true, accurate, and complete.

Printed Name:

Signature:

Date: